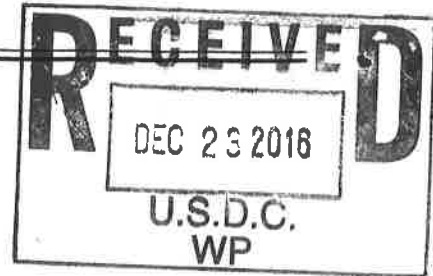


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



CLIFTON HALSEY

16CV9970

No.

(To be filled out by Clerk's Office)

Write the full name of each plaintiff.

-against-

COMPLAINT

(Prisoner)

Do you want a jury trial?

☐ Yes ☒ No

- ① Kenneth P. Thompson
Brooklyn, District Attorney
- ② Suzette Davis - McLeod.

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

Double Jeopardy / Prosecutorial abuse
Prosecution Vindictiveness
Prosecution improprieties

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

CLIFTON

C

HALSEY

First Name

Middle Initial

Last Name

N/A

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

825/600789 / 141/607071

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

(MDC) Manhattan Detention Center

Current Place of Detention

125 White Street 8/South

Institutional Address

Manhattan

New York

10013

County, City

State

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Kenneth Thompson
 First Name Last Name Shield #
Brooklyn District Attorney
 Current Job Title (or other identifying information)
350 Jay Street
 Current Work Address
Kings/Brooklyn NY 11201
 County, City State Zip Code

Defendant 2:

Suzette Davis-McLeod
 First Name Last Name Shield #
Adultress Woman / alleged Victim
 Current Job Title (or other identifying information)
1367 TROY AVE (BSMT)
 Current Work Address
Kings Brooklyn NY 11203
 County, City State Zip Code

Defendant 3:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

Defendant 4:

 First Name Last Name Shield #

 Current Job Title (or other identifying information)

 Current Work Address

 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence:

67^{4th} Precinct

Date(s) of occurrence:

July, 27, 2016

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

- ① I was indicted on a Case that was dismissed and sealed (5) Five month ago, By the BKlyn DA's office
- ② The Second, Suzette Davis-M'Leod went to the Precinct and ACS / BCW Administration for Children Services in February and stated that I did not commit the Charges in February after demanding she leave me alone she went and filed the same Charges in July and I was indicted, she also took her daughter to the Precinct and they both stated that I was innocent, I was not arrested. Then but 5 months later she lied and I'm being held on the same Charges @ a \$50,000.00 bail. with a (62) Seventy two Count indictment. The ACS worker can verify my story. She also has (3) open ACS cases

I have Currently been incarcerated with a \$ 50,000.00 dollar bail for the Past (5) Five months.

I am the (3rd) third man that this married Woman has done this to the last man was her Current Husband. She Uses the NYPD and Criminals Court as a tool of her disposal illegally

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

I was beat up by Police officers of the 67th Precinct and denied Medical treatment, on two occasions.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I wish to be Released and the Amount of \$ 10,000,000.00 Ten million dollars for pain and Suffering and Violation of my Civil Rights

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

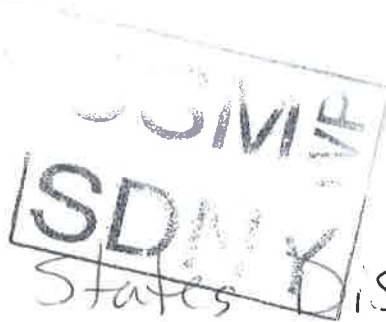
Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

Dated 10/29/2016 Plaintiff's Signature Clifton Halsey
CLIFTON C. HALSEY
 First Name Middle Initial Last Name
 Prison Address 125 White Street (MDC) Manhattan Detention Ctr.
Manhattan NYC, New York 10013
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

11/3/2016

2. HALSEY
e Street
10013
789



United States District Court
Southern District of New York
300 QUERROPAS Street
White Plains NY. 10601

